

WCHC SECTION 3 REGISTRY PROGRAM 3
SELF-CERTIFICATION FOR SECTION 3 BUSINESS CONCERN



SECTION 3 BUSINESS CONCERN CERTIFICATION

In an effort to comply with the Federal Section 3 Regulations, §24 CFR 135, - to promote contract, employment and training opportunities for the Reno-Sparks MSA low income residents- the WCHC has instituted a Section 3 Certification application process. WCHC is seeking to extend the benefits of and to promote compliance with Section 3 by identifying Section 3 Business Concerns and targeting Section 3 Business Concerns for WCHC business opportunity events and educational programs. For detailed Section 3 information, refer to <http://www.hud.gov/offices/fheo/section3/section3.cfm>.

The City of Reno's Housing and Neighborhood Development Division is charged with administering the WCHC's Section 3 Certification Program. Any business concern seeking Section 3 preferences in the awarding of contracts or purchase agreements shall complete appropriate certification forms and provide adequate documentation as evidence of eligibility for preference under the Section 3 program. Business Concerns seeking to file for Section 3 preference shall contact:

City of Reno
Housing and Neighborhood Development Division
at 775-334-4228 or by email at carrillom@reno.gov.

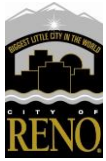
Applicants seeking this recognition must complete and submit the attached Section 3 Business Concern Application form and:

1. If your company is qualified because it is 51% or more owned by Section 3 residents*, then complete form **S3-A, "Section 3 Business Concern – Resident Business Owner(s)" & the WCHC-S3-D, "Section 3 Preference Income Verification Form"** for the owner along with income documentation;
OR
2. If your company is qualified because 30% or more of its full-time permanent workforce are currently Section 3 residents, or within three years of the date of first employment with the business concern, then complete form **WCHC-S3-B, "Section 3 Business Concern – 30% + Workforce" & the WCHC-S3-D, "Section 3 Preference Income Verification Form"** for each employee;
OR
3. If your company provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to a Section 3 business concern as described above, then complete form **WCHC-S3-C, "Section 3 Business Concern-Contracts Awarded"**. 24 CFR 135.5 – Definitions. Section 3 Business Concern

*Section 3 Residents: Persons living in the Washoe County HUD Metro FMR Area whose household income falls below HUD's established income limits. The Washoe County HUD Metro FMR Area contains the following areas: City of Reno, City of Sparks, Washoe County, NV; and Storey County, NV. Washoe County is part of the **Reno-Sparks, NV MSA**, so all information presented here applies to all of the **Reno-Sparks, NV MSA**.

A Section 3 Business Concern seeking a contract or a subcontract shall submit evidence to the recipient contractor, or subcontractor (as applicable), if requested, sufficient to demonstrate to the satisfaction of the party awarding the contract that the Business Concern is responsible and has the ability to perform successfully under the terms and conditions of the proposed contract. 24 CFR 135.36 (c)

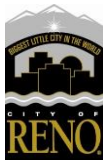
Please answer all questions and sign the forms. Send completed forms to the Section 3 Coordinator via email, carrillom@reno.gov, or mail to P.O. Box 1900, Reno, NV 89505. If you have any questions, feel free to contact the Housing and Neighborhood Development office at 775-334-4228.



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Name of Business _____

Address of Business _____

Type of Business: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture

The business concern must satisfy at least one of the following minimum requirements to be qualified as a Section 3 business concern before being awarded contracts under Section 3.

Please check the appropriate box:

- ☐ A majority 51% or more ownership of business is held by low-income residents
☐ At least 30% of employees of the business are low-income residents
☐ More than 25% of the awarded contract shall be performed by businesses that meet either of the conditions above.

Low Income Definition Effective Federal Fiscal Year 2015

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Annual Gross Low (80%) Income Limits (\$):	\$35,600	\$40,650	\$45,750	\$50,800	\$54,900	\$58,950	\$63,000	\$67,100

NOTE: Washoe County is part of the **Reno-Sparks, NV MSA**, so all information presented here applies to all of the **Reno-Sparks, NV MSA**. The **Reno-Sparks, NV MSA** contains the following areas: City of Reno, City of Sparks, Washoe County, NV; and Storey County, NV.

Please mark and attach the appropriate following documentation as evidence of business status:

For business entity as applicable provide one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Articles of Incorporation | <input type="checkbox"/> Certificate of Good Standing |
| <input type="checkbox"/> Assumed Business Name Certificate | <input type="checkbox"/> Partnership Agreement |
| <input type="checkbox"/> List of owners/stockholders and
% ownership of each | <input type="checkbox"/> Corporation Annual Report |
| <input type="checkbox"/> Organization chart with names and titles
brief function statement | <input type="checkbox"/> Latest Board minutes appointing officers |
| | <input type="checkbox"/> Additional documentation and |

For Business claiming status as a Section 3 resident-owned enterprise provide one or more of the following:

- | | |
|---|--|
| <input type="checkbox"/> Copy of resident lease | <input type="checkbox"/> Copy of receipt of public assistance |
| <input type="checkbox"/> Copy of evidence of participation
public assistance program | <input type="checkbox"/> Other evidence of being a Section 3 resident in a |

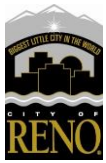
For business claiming Section 3 status by subcontracting 25% of the dollar awarded to qualified Section 3 business provide:

- ☐ List of subcontracted Section 3 business(es), contact information, and subcontract amount

For business claiming Section 3 status, claiming at least 30% of their workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of date of first employment with the business provide all of the following:

- | | |
|---|--|
| <input type="checkbox"/> List of all current full-time employees | <input type="checkbox"/> List of employees certified as Section 3 eligible AND Evidence of |
| <input type="checkbox"/> employee Section 3 resident
certification form) | <input type="checkbox"/> Evidence of Section 3 resident status less than 3 years status (self-
from date of employment for all employees in this category |





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This business provides the following services:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Concrete/Asphalt | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Environmental | <input type="checkbox"/> Asbestos Testing/Abatement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing | <input type="checkbox"/> Lead Testing/Abatement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Carpet/Flooring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heating (HVAC) | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other _____ |

CERTIFICATION

I hereby certify that all of the information provided above is true and correct and I agree to provide additional documentation if requested confirming residency, family size, and income for myself, my employees, or my subcontractors. I understand that I must also meet other eligibility criteria as determined by law and/or contractor (immigration, OSHA card, etc.). I understand that completing this form does not guarantee a contract.

Printed Name: _____ Signature: _____

Date: _____

Optional:

I authorize the Washoe County HOME Consortium (WCHC) to release my name, business name, and contact information for the purposes of further employment opportunities under Section 3 covered construction projects including but not limited to putting my business information on a Section 3 webpage.

Printed Name: _____ Signature: _____

Date: _____

For questions about this form please contact the Washoe County HOME Consortium Section 3 Coordinator at (775) 334-4228.

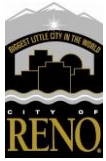
Return completed form **and** all supplemental documentation to the prime contractor if applicable or send to:

City of Reno
Housing and Neighborhood Development
Attn: Section 3 Coordinator
P.O. Box 1900
Reno, NV 89505

Form will not be considered complete until both this signed/online form and supplemental data are submitted.

To Be Completed by Local Contracting Agency

- | | | | | |
|----------------------|--|--|-----------------------------------|--|
| Preference Category: | <input type="checkbox"/> Targeted Service Area | <input type="checkbox"/> Washoe YouthBuild | <input type="checkbox"/> Homeless | <input type="checkbox"/> Other Section 3 |
| Income Level: | <input type="checkbox"/> Low | <input type="checkbox"/> Very Low | _____ | |



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SECTION 3 BUSINESS CONCERN

30% + Workforce

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 Residents, or were Section 3 Residents within three years of the date of the first employment with the business. For your firm to be eligible **UNDER THIS CRITERIA**, you must provide the following information for **all permanent full-time employees**. Copy this form if necessary.

List All Employees	Date Hired	Section 3 Resident (Submit the Section 3 Preference Income Verification Form)	Job Title/Trade
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Total Number of Employees:			
Number of Section 3 Residents:			
Section 3 % of Total Workforce:			

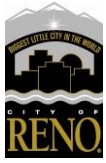
I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

Name: _____ Title: _____

Company Name: _____

Signature: _____ Date: _____

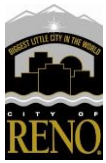
Notary Signature and Seal: _____



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SECTION 3 BUSINESS CONCERN
Contracts Awarded

List all work performed by businesses meeting Section 3 business conditions:

Name of Business & Contact Information	Qualifying Condition	Total Contract Award

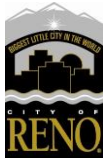
I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

Name: _____ Title: _____

Company Name: _____

Signature: _____ Date: _____

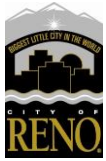
Notary Signature and Seal: _____



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SECTION 3 PREFERENCE INCOME VERIFICATION FORM

A Section 3 Resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in 24 CFR 135.5. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)

CERTIFICATION FOR SECTION 3 RESIDENT

I, _____, am a legal resident of the Reno-Sparks MSA* and I *(check one box)*

☐ **qualify** as a Section 3 Resident

☐ **do not** qualify as a Section 3 Resident

based on my family size and household income during 2014 for the income levels as outlined in the Washoe County Area Median Income limits listed below.

(Note: Reno-Sparks MSA is part of the Washoe County HUD Metro FMR Area. The Washoe County HUD Metro FMR Area contains the following areas: Reno, NV; Sparks, NV; Washoe County, NV; and Storey County, NV.)

2015 Washoe County Area Median Income Limits

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Annual Gross Low (80%) Income Limits (\$):	\$35,600	\$40,650	\$45,750	\$50,800	\$54,900	\$58,950	\$63,000	\$67,100

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My permanent address is: _____

Street Address **(No PO Box)**

City

State

Zip

Phone: _____ Email: _____

Number of family who live in my household: _____

My total annual household income for the prior calendar year (2014) is: _____

I have attached **ONE** of the following documentation as evidence of my status:

- ☐ Proof of public assistance (i.e., TANF, Food Stamps, Medicaid, etc.)
- ☐ Proof of participation in a HUD Youth Build program
- ☐ Proof of participation in a federal, state or local public assistance program (WIA, etc.)
- ☐ Copy of current Federal Tax filings (2014)

I certify that my answers are true and complete to the best of my knowledge:

Print Name

Signature

Date

**Please return all forms and supplemental information to: City of Reno, Housing and Neighborhood Development,
Attn: Section 3 Coordinator, P.O. Box 1900, Reno, NV 89505**